

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

ESTABLISHMENT RELOCATION APPLICATION

PLEASE PRINT USING BLUE OR BLACK INK

INSTRUCTIONS: File this application when the establishment location has changed. **This form and the \$50.00 registration fee** is to be filed approximately two (2) weeks before your opening date. You will receive a letter of authorization, to be posted in the reception area, that will allow you to open and operate said salon until such time it is inspected.

SECTION A -- ESTABLISHMENT INFORMATION CURRENTLY ON FILE WITH THE BOARD (PRIOR TO CHANGE)

Establishment Name			Id Number		License Number	
Address Where Establishment Receives Mail		Suite #	City		County	State
Physical Address of Establishment		Suite #	City		County	State
Type of Establishment (CIRCLE ONE)		<div style="display: flex; justify-content: space-around;"> COSMETOLOGY MANICURE ELECTROLOGY AESTHETICIAN </div>				
Name Of Owner				Telephone Number ()		

SECTION B -- RELOCATION INFORMATION

<u>NEW</u> Address Where Establishment Receives Mail		Suite #	City		County	State	Zip Code
<u>NEW</u> Physical Address of Establishment		Suite #	City		County	State	Zip Code
Type of Establishment (CIRCLE ONE)		<div style="display: flex; justify-content: space-around;"> COSMETOLOGY MANICURE ELECTROLOGY AESTHETICIAN </div>					
Days Closed (CIRCLE ALL THAT APPLY)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Opening Date		Telephone Number ()					

In signing this application, you are certifying that:

1. The information provided on this form is correct to the best of your knowledge.
2. You are the establishment owner or are authorized to act as the owner's agent.
3. You have read this form, the laws and regulations.
4. You have complied with all laws, rules and regulations governing cosmological establishments.
5. You will close your establishment if the Inspector finds the establishment not in compliance with applicable rules and regulations.

Owner's Signature	Today's Date
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DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

ID NUMBER		RECEIPT NUMBER		LICENSE NUMBER		AMOUNT	
AMOUNT		DATE PROCESSED		RECEIPT NUMBER		ISSUED	